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Declaration

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Attorney Docket Number	er 05-03-005			
			First Named Inventor	Jun Wan, et al.			
			COMPLETE IF KNOWN				
			Application Number	10 / 717,273			
Declaration Submitted with Initial Filing		Declaration Submitted after Initial	Filing Date	November 19, 2003			
	OR		Group Art Unit	2123			
		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	Not yet assigned			

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT FOR DETERMINING WALL THICKNESS IN GRAPHIC MODEL										
the specification of which (Title of the Invention) is attached hereto										
OR was filed on (MM/DD/YYYY) 11/19/2003 as United States Application Number or PCT International										
Application Number 10/71	Application Number 10/717,273 and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have re amended by any amendment	eviewed and understand the ent specifically referred to ab	contents of the above iden	tified specificatio	n, including the claims, as						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
			0000	0000						
Additional foreign applica	ation numbers are listed on a	a supplemental priority data	sheet PTO/SB/0	02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number	(S) Filling Dat	e (MM/DD/YYYY)	numbe supple	onal provisional application ers are listed on a emental priority data sheet SB/02B attached hereto.						

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the bend United States of Amer United States or PCT I information which is m and the national or PC	ica, listed below and nternational application aterial to patentability	, insofar as on in the ma y as defined	the sub Inner pro I in 37 C	ject matter ovided by the FR 1.56 wh	of each of the first paragrap	claims of this h of 35 U.S.C	applicati	on is no knowled	ot disclosed dae the duty	in the prior to disclose	
U.S. Parent Application or PCT Parent Number					Parent Fil (MM/DD	- 1	Parent Patent Number (if applicable)				
As a named inventor, I	PCT international ap	llowina reai:						0/SB/02E	3 attached h	ereto.	
and Trademark Office of	connected therewith:	OR		ber 34279				Place Customer Number Bar Code			
Nar		Regist	Registered practitioner(s) Registration			on number list Name			Registration Number		
			Num	ive					744		
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below											
Address					•						
Address City	 				State		ZIP				
Country	Telephone				Otate		Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
Name of Sole or	First Inventor:				A petitio	n has been filed for this unsigned inventor					
			Family Name or Surname								
Given Na	ano motana ma		Jun Wan								
Jun	T			7	Wan						
			H	6-	L Wan				Date	12/1/0	
Jun Inventor's	Cerritos		State	CA	Country	USA		c	Date Citizenship	12/1/0 PRC	
Jun Inventor's Signature		bella Pla	State		 	USA		c		12/1/0 PRC	
Jun Inventor's Signature Residence: City	Cerritos 12937 Aral	bella Pla	State		 	USA		c		12/1/0 PRC	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>

Name of Addition		A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])					Family Name or Surname						
Chee-Keong				Chong							
Inventor's Signature	() 6.6	115	\$ _					Date	Date 12/01/200		
Residence: City	Irvine	Irvine CA Country USA				Citizens	hip	USA			
Post Office Address	6 Salerno										
Post Office Address											
City	Irvine	State	CA		ZIP	92614	Counti	y US	4		
Name of Addition	nal Joint Inventor, if any	y:			A petition	on has been file	ed for th	nis unsigr	ned inv	ventor	
Given Na	me (first and middle [if any])				Family Name or Surname						
Zhi			<u>_</u>		Li						
Inventor's Signature	M				Date					12/1/03	
Residence: City	Cypress	State	CA	ر	Country	USA		Citize	nship	PRC	
Post Office Address	8202 Gay Street										
Post Office Address											
City	Cypress	State	CA		ZIP	90630	Cou	ntry [JSA		
Name of Addition	nal Joint Inventor, if any	y:			A petitio	on has been file	ed for th	nis unsigr	ned inv	ventor	
Given Na	me (first and middle [if any])				Family Name or Surname						
Inventor's Signature						Date					
Residence: City	State				Country			Citize	Citizenship		
Post Office Address											
Post Office Address			1	_	 	·1					
City		State			ZIP			Country			

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